



Lombard
Mennonite
Peace
Center

LMPC REGISTRATION FORM

Circle the event and date for which you wish to register, then fill out the contact information below. Registration is complete only after LMPC has received full payment. Please print neatly so your manual and Zoom link arrive without mishap. Thank you!

Conflict Transformation Skills, \$99 (\$84 apiece for groups of 4 or more), 9:00am to 4:30pm CT:
Sat, Feb 13 Mon, Mar 22 Sat, Apr 10 Thurs, June 3 Sat, Sep 25 Wed, Nov 3

Healthy Congregations, \$99 (\$84 apiece for groups of 4 or more), 8:30am to 4:30pm CT:
Thurs, Feb 18 Sat, Mar 27 Sat, Apr 17 Tues, June 15 Sat, Sep 25 Thurs, Dec 2

Leadership & Anxiety in the Church, \$109 (\$94 apiece for groups of 4 or more), 9am to 4pm CT:
Thurs, May 13 Wed, June 9 Thurs, Aug 19 Wed, Sep 29 Thurs, Nov 4

Mediation Skills Training Institute, \$750, 9:00am to 5:00pm Central Time (most days):
May 3-7 June 21-25 Aug 2-6 Oct 11-15 Nov 15-19

Facilitating Healthy Pastor–Congregation Relations, \$99 (\$84 group rate), 8:30am to 4:30pm CT:
Tuesday, October 5, 2021 (one session only)

CONTACT INFORMATION

Name of Participant _____

Church/Organization _____

Email for Zoom link _____

Mailing address for the manual (no PO Box, please):

Street _____

City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Comments or concerns, if any:

630-627-0507

www.LMPeaceCenter.org

Admin@LMPeaceCenter.org

Name of Participant #2 _____

Church/Organization _____

Email for Zoom link _____

Mailing address for the manual:

Street _____

City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Name of Participant #3 _____

Church/Organization _____

Email for Zoom link _____

Mailing address for the manual:

Street _____

City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Name of Participant #4 _____

Church/Organization _____

Email for Zoom link _____

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Name of Participant #5 _____

Church/Organization _____

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Name of Participant #6 _____

Church/Organization _____

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Name of Participant #7 _____

Church/Organization _____

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Name of Participant #8 _____

Church/Organization _____

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Work phone _____ Cell phone _____

Name of Participant #9 _____

Church/Organization _____

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Name of Participant #10 _____

Church/Organization _____

Email for Zoom link _____

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